POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*[signature]*		4/4/00
O.I.P.E. CLASSIFIER	*PH*		4/22
FORMALITY REVIEW		70611	6/20/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

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Claim		Date
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If more than 150 claims or 10 actions staple additional sheet here

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